



**REQUEST FOR INTERPRETER/
ASSISTIVE TECHNOLOGY
"DEAF/HARD OF HEARING"**

Case No. _____
Court _____
County _____

Applicant is: ☐ Party ☐ Juror ☐ Witness ☐ Other (*please specify*) _____
☐ Attorney on behalf of client who is deaf/hard of hearing

Applicant Name: _____ Attorney Name: _____
Telephone: _____ Telephone: _____
Address: _____ Address: _____

****Applicants are encouraged to submit requests at least two (2) weeks prior to the proceeding.****

Applicant requests interpreter/assistive technology as follows:

1. Type of proceeding: ☐ criminal ☐ civil
2. Case Name: _____
3. Case Number: _____ Presiding Judge: _____
4. Date interpreter or assistance needed: _____ Time: _____
5. Type of interpreter needed: ☐ ASL ☐ Signed English ☐ Certified relay interpreter
☐ Other (*please specify*) _____
6. Specify the type of assistive technology needed: ☐ Real-time Computer-aided Transcription Services
☐ Assisted listening device/system ☐ Other (*please specify*): _____

7. Special requests or anticipated problems: _____

I declare under penalty or perjury under laws of the State of Kentucky that the foregoing is true and correct.

(Print Applicant's Name) (Applicant's/Attorney's Signature) (Date)

FILE WITH THE CIRCUIT COURT CLERK'S OFFICE

**Distribution: Court File
Presiding Judge
Contact Person**